PART B - FEE(S) TRANSMITTAL						**************************************
Complete and send	vith applicable	,,,	Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virg (571)-273-2885			
INSTRUCTIONS: This form stould be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate the further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless for the correspondence of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.						
CURRENT CORRESPONDENCE			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
57299 7: AVAGO TECHI P.O. BOX 1920 DENVER, CO 802		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
04/04/2006 FMETEKI2 000		Mariko Mizuno (Depositor's name)  (Signature)				
1 FC:1501				3/30/06		(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/008,382 12/05/2001 Louise A. Koss 10010863-1 2960 TITLE OF INVENTION: APPARATUS FOR RANDOM ACCESS MEMORY ARRAY SELF-TEST						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	)	\$300	\$1700	06/09/2006
EXAMINER		ART UNIT		ASS-SUBCLASS	1	
KERVEROS, JAMES C		-2138		714-718000	J	
CFR 1.363).  Change of corresponded to the cor		Correspondence ation form e of a Customer E PRINTED ON T	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for IT a substitute for filing an assignment.			
(A) NAME OF ASSIGN  Avago Technolog	EE		(B) RESIDENCE: (C	CITY and STATE OR		
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the patent):	☐ Individual ☐ C	orporation or other private gr	oup entity Government
	enclosed: small entity discount permitte f Copies	ed)	b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3/18 (enclose an extra copy of this form).			
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and P	by the list of the list of the list of the list of the United States Pater or the United States Pater or the list of the United States Pater or the list of the United States Pater or the list of the	will not be accepted ent and Trademark	d from anyone other the Office.	ian the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or t	he assignee or other party in
Authorized Signature	CKC	leny~	Date 3/30/06			
	Guy K. Clinger		Registration No. 42,422			
Alexandria, Virginia 22313-	1430.				the public which is to file (an minutes to complete, includio mments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner displays a valid OMB contro	